U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9042	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Vincent Curran Jr	Name Enterprise Assn of Steamfitters Local 638			
	Labor Organization File Number 035 070			
PO Box Bidg Room No if any	PO Box Building and Room Number if any			
Street 2332 Pine St	Street 32-32 48th Avenue			
City Seaford	City Long Island City			
State New York ZIP Code + 4 11783	State New York ZIP Code + 4 11101			
5 Position in labor organization Business Agent				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name Steamfitters' Industry Welfare Fund	Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee			
Trade Name if any				
PO Box Bldg Room No If any	7 b Amount			
Street 5 Penn Plaza 19th Floor	/ B / Wilderic			
City New York	\$2 231			
State New York ZIP Code + 4 10001-1887				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)				
Signed Vancenty Cowar	On [
U	Date Telephone Number			

Name of Person Filing Vincent Curran Jr	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name	postury			
Trade Name If any	a Labor Organization			
PO Box Bldg Room No If any	c Employer	ļ		
Street	***************************************			
City				
State ZIP Code + 4				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box, Bldg Room No If any		77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
		Anna Anna Anna Anna Anna Anna Anna Anna		
	12 b Amount			
C. Pageivad from any ampleyer (ether than an ampleyer envered under	s nada A and B above)			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment Attended the Colleran O Hara & M	ills golf outing-		
Name Colleran O Hara and Mills LLP	business/social function The va \$276 The expense was reimbursed	lue of which was it to Colleran		
Trade Name If any	O Hara & Mills LLP by my employer Assn of Steamfitters Local 638	the Enterprise		
PO Box Bldg Room No If any Suite 450				
Street 1225 Franklın Avenue		i		
City Garden City		ŀ		
State New York ZIP Code + 4 11530		g g		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	\$276		

Name of Person Filing Vincent	Curran Jr		File Number U
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Part A Continuation Page				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name Steamfitters Industry Welfare Fund Trade Name If any	Attended apprentice graduation ceremony and dinner The cost was \$118 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638			
PO Box Bldg Room No If any	7 b Amount			
Street 5 Penn Plaza 19th Floor				
	\$118			
City New York	The state of the s			
State New York ZIP Code + 4 10001				
A Held an interest in engaged in transactions (including foans) with or deriver	d income or other economic benefit of monetary value from an employer whose			
employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name Steamfitters Industry Welfare Fund	Meal expense paid by Steamfitters Industry Welfare Fund while attending the Steamfitters Industry Assistance Program conference The cost eas \$123			
Trade Name if any	The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638			
PO Box Bldg Room No if any	7 b Amount			
Street 5 Penn Plaza 19th Floor				
City New York	\$123			
State New York ZIP Code + 4 10001				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bldg Room No If any	7 b Amount			
Street				
City				
State ZIP Code + 4				

Form LM-30 (2003)

Add New Part A